

Vacaville Police Activities League

Fee Reduction Application

If you wish to apply for Fee Reduction, please follow the steps listed below. This application will not be complete without this information being provided. Applicants will be notified of their status.

1. Complete the application. Please answer and fill in all information requested. Your application will not be processed unless it is completed in full.

2. Submit proof of annual/monthly income with the application. The number of dependents you support is also a requirement in completing this application. Sufficient verifiable copies include, but are not limited to:

- Current check stubs, **OR**
- Recent W-2 form(s), **OR**
- Recent 1040's (income tax return), **OR**
- Benefit statement, **OR**
- AFDC statement, **OR**
- Social Security statement, etc.

3. Return the completed application in person, or by mail to:

Police Activities League
1000 Ulatis Drive
Vacaville CA 95687

AUTHORIZATION TO RELEASE INFORMATION

The undersigned authorizes the Vacaville Police Activities League to verify all employment and income information (including information of a confidential or privileged nature) with any source, for the purpose of processing the membership application with the Vacaville Police Activities League.

By attaching this release form, or a copy of the same, to any verification form requiring the undersigned's signature, you are authorized by the undersigned to release information requested by the Vacaville Police Activities League.

I hereby release you, your organization, or others from liability or damage which may result from furnishing the information requested

Signature of applicant

Date

Print name of applicant

VACAVILLE POLICE ACTIVITIES LEAGUE

Fee Reduction Application

Parent / Guardian: _____

Parent / Guardian: _____

Address: _____

City: _____

Zip: _____

Home Phone: _____

Work Phone: _____

Do you own and currently occupy the above address? Yes _____ No _____

Household Size

	Name	Age	Relationship to Applicant
1	_____	_____	_____
2	_____	_____	_____
3	_____	_____	_____
4	_____	_____	_____
5	_____	_____	_____
6	_____	_____	_____
7	_____	_____	_____
8	_____	_____	_____

Total number of persons in household _____

Household Income

	Employer/ Benefit source	Phone #	Time of Employment years / months	Monthly Gross
Parent 1	_____	_____	_____	_____
Parent 2	_____	_____	_____	_____
Other contributors	_____	_____	_____	_____

Total Monthly Income \$ _____

Families whose annual income does not exceed the following are eligible for Fee Reductions for the PAL program:

Number in Household	Annual Income	Number in Household	Annual Income
One (1)	\$26,401	Five (5)	\$40,701
Two (2)	\$30,151	Six (6)	\$43,751
Three (3)	\$33,951	Seven (7)	\$46,751
Four (4)	\$37,001	Eight (8)	\$49,751

With an approved Fee Reduction Application
2009 PAL Membership fee: \$15, per child.

Vacaville Police Activities League Program Registration Form, Liability Release Medical Release and Indemnification Agreement

(Please print information clearly and in ink)

Today's Date: _____

Child's Name: _____

Age: ____ Date of Birth: _____ Grade: ____ School _____ Gender M F

(1) Parent/Guardian Name: _____

Address: _____ City: _____ Zip: _____

Daytime Phone: _____ Evening Phone: _____

Cell Phone: _____ Email Address: _____

(2) Parent/Guardian Name: _____

Address: _____ City: _____ Zip: _____

Cell Phone: _____ Email Address: _____

Check this box if you would like to be notified by e-mail of Community Services events and activities.

Person to notify (other than parents) in case of emergency:

1. _____ Phone: _____ Relationship: _____

2. _____ Phone: _____ Relationship: _____

Other Information we should know (special needs, non-swimmer, etc.) _____

FOR STATISTICAL PURPOSES ONLY

Primary Language Spoken in Home: _____ Secondary Language: _____

Ethnicity: (please check) African American Hispanic Asian Bi-Racial
 Pacific Islander Caucasian/White Native American Other: _____

How did you hear about the PAL program? (please check)

Past Member Magazine/newspaper School Friend Officer
 Counselor PAL Fundraiser Community Event Other: _____

FOR OFFICE USE ONLY

ACTIVITY/PROGRAM REGISTRATION

CLASS CODE: PAL Annual Registration 2009 ACTIVITY/PROGRAM: 59964
 PAL Annual Registration 2010 66738

SESSION DATES: January 1, 2009 through December 31, 2009
 January 1, 2010 through December 31, 2010

COST: _\$0
 \$15

LIABILITY AND MEDICAL RELEASE & INDEMNIFICATION AGREEMENT

In consideration for being permitted by the Vacaville Police Activities League ("PAL") to participate in the above-described program and/or activity ("Recreation Program"), I hereby waive, release and discharge any and all claims and damages for personal injury, death, or property damage which I may sustain or which may occur as a result of my participation in said Recreation Program.

I understand and agree that:

1. This release is intended to discharge in advance PAL and its officers, officials, employees, contractors, agents and volunteers ("PAL personnel") from and against all liability arising out of or connected in any way with my participation in said Recreation Program;
2. Participation in said Recreation Program may be of a hazardous, strenuous, and/or physical nature and may involve interaction with other participants;
3. Participation in said Recreation Program may involve risk of serious injury, disability, or death, or property damage and loss, which may result not only from each participant's actions, inactions, or negligence, but also from the actions, inactions or negligence of others, including the actions, inactions or negligence or other legal fault of PAL and/or PAL personnel, or from the conditions of the facilities, equipment, or areas where said Recreation Program is being conducted, or from the unavailability of emergency medical care;
4. Knowing the risks involved, I nevertheless voluntarily requests permission to participate in said Recreation Program;
5. I hereby assume any and all risks of injury, death or property damage arising out of or connected in any way with my participation in said Recreation Program;
6. I hereby release, discharge and absolve PAL and all PAL personnel in advance from and against any and all liability, injury, or damage arising out of or in connection with my participation in said Recreation Program, or the failure on the part of the PAL and/or PAL personnel to comply with any obligations related to said Recreation Program, even though that liability, injury, or damage may arise out of the negligence or other legal fault of PAL and/or PAL personnel;
7. I will indemnify and hold PAL and all PAL personnel harmless from any loss, liability, damage, cost or expense, including litigation, arising out of or connected in any way with my participation in said Recreation Program;
8. In the event Registrant is a minor, Registrant is expressly permitted to travel by private automobile and/or PAL vehicle to and from all events and activities as needed if related to said Recreation Program, and PAL and all PAL personnel are hereby released, discharged and absolved from and against any and all liability, injury, or damage arising out of or connected with said transportation;
9. I am in good health and have no physical condition which would prevent safe participation in said Recreation Program; I acknowledge that I have the requisite skills, qualifications, physical abilities, and training necessary for proper and safe use of equipment and facilities and to participate in said Recreation Program; I agree to direct any such questions I may have as to as to what skills, qualifications or training is necessary to properly use the equipment, facility, or to participate in said Recreation Program to the on site program or activity supervisor, and agree to immediately report to the on site program or activity supervisor any unsafe condition observed by me and/or injury incurred by me;
10. In the event Registrant is a minor and requires medical or surgical treatment while under the supervision of PAL personnel in connection with such Recreation Program, such PAL personnel may authorize treatment;
11. I understand that the PAL provides no medical insurance for treatment of illness or injury and that any cost of treatment will be at my expense. I understand that the location of said Recreation Program or the nature of the injury or illness may require the use of emergency medical services. I hereby release, discharge and absolve PAL and all PAL personnel from and against any and all liability, injury, or damage arising out of or connected with the use of such medical services;
12. I acknowledge that said Recreation Program is not child care as defined by the State of California;
13. I understand that PAL personnel may photograph or videotape me and that PAL may use such photographs or videotapes to promote PAL programs and activities. I expressly allow, and hereby waive any objection to, PAL photographing or videotaping of myself when I am participating in said Recreation Program. I understand all photos and videotapes will remain the sole and exclusive property of PAL;
14. I understand and agree that this release and indemnification agreement is intended to be as broad and inclusive as permitted under California law, and that if any portion of this release and agreement is invalid, the balance shall continue in full force and effect;
15. This release and indemnification agreement shall be effective and binding upon myself and my heirs, next of kin, family, relatives, guardians, conservators, executors, administrators, trustees and assigns.

I HAVE CAREFULLY READ THIS RELEASE AND INDEMNIFICATION AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN MY SELF AND THE VACAVILLE POLICE ACTIVITIES LEAGUE. I VOLUNTARILY AGREE TO EACH OF THE TERMS AND PROVISIONS HEREIN AND SIGN THIS RELEASE AND INDEMNIFICATION AGREEMENT OF MY OWN FREE WILL.

SIGNED: _____

DATE: _____

Circle one: Registrant (18 & over) Parent Guardian Senior (60+)

(Revised July 2004)